



**MIAMI-DADE COUNTY
GENERAL SERVICES ADMINISTRATION
FACILITIES and UTILITIES MANAGEMENT DIVISION
OFFICE of ELEVATOR SAFETY**

**201 West Flagler Street
Miami, Florida 33130-1510**

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www.miamidade.gov/gsa/elevatormain.asp

For Office Use Only

Account #

Date Approved

REQUEST and AFFIDAVIT OF ELEVATOR STATUS CHANGE

I, _____, acting as agent of the below named registered elevator owner,

do hereby attest that the elevator plant located at:

Has changed in usage status, and a change is requested as follows, in the Miami-Dade County records, for the following described equipment:

Serial No(s): _____ Type: _____ Capacity: _____ Landings: _____

Contract is with: _____ A contract remains in effect through the period ending: _____ The building has _____ floors.

Note: If dormant, inactive or demolished, maintenance may not be required. Contract effective period may be to the end of Certificate year.

Elevator is no longer used, and is now dormant: _____ Elevator has been demolished: _____ Demolition permit# (required): _____

Dormant status requires annual inspection and annual fee, and may only be considered dormant for a maximum of five (5) years.

Elevator(s) have Fire fighter service **YES** **NO** Year of installation: _____

Elevator(s) are equipped with universal emergency access key **YES** **NO** (Note: Fire Marshall has not yet selected the key)

Registered Owner _____

Signature of Owner/Agent _____

Printed Name _____

Date _____

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20__ , by

_____, who is personally known to me or who has produced

_____ as identification and who

has taken an oath.

Notary Public, State of Florida

Printed Name

Commission Number:

My Commission Expires: